

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90170 004 \*\*\*\*50.00

<b>DOCUMENT # L05000049899</b> 1. Entity Name <b>NWTR, LLC</b>					
Principal Place of Business <b>3471 MAIN HWY SUITE 622 COCONUT GROVE, FL 33133</b>			Mailing Address <b>C/O WILLIAM D SOMAN PO BOX 330637 COCONUT GROVE, FL 33233</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WILLIAM D. SOMAN, P.A. 3471 MAIN HIGHWAY, #622 COCONUT GROVE, FL 33133</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOMAN, WILLIAM D		NAME	SOMAN, WILLIAM D.	
STREET ADDRESS	9000 ARVIDA DRIVE		STREET ADDRESS	3471 MAIN HWY., #622	
CITY-ST-ZIP	CORAL GABLES, FL 33156		CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>William D Soman</i>		MANAGER		02/01/06 (305) 476-1485	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

**ATTACHMENT**

30001447

LAW OFFICES

**WILLIAM D. SOMAN, P.A.**

3471 MAIN HIGHWAY, #622  
COCONUT GROVE, FLORIDA 33133

REPLY TO: POST OFFICE BOX 330637  
COCONUT GROVE, FLORIDA 33233

TELEPHONE 305-476-1485  
FACSIMILE 305-476-1486

February 27, 2006

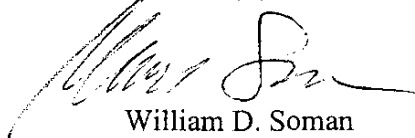
Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, Florida 32314

Re: ISO, LLC – Ref. No. L05000013869  
NWTR, LLC – Ref. No. L05000049899

Dear Sir or Madam:

We are re-submitting the 2006 Limited Liability Company Annual Report for the above two entities and have checked the box "Not Applicable". Both of these companies are single member LLCs, do not have any payroll and therefore do not need a tax identification number. If you need any further information, please let me know.

Very truly yours,



William D. Soman

WDS:hn  
Encl.



ATTACHMENT

3000 1447

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2006

NWTR, LLC  
C/O WILLIAM D SOMAN  
PO BOX 330637  
COCONUT GROVE, FL 33233

Subject: NWTR, LLC

Reference Number: 105000049899

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH  
ANNUAL REPORTS SECTION